

UNITED STATES PATENT & TRADEMARK OFFICE  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	11/30/94	2 Serial/Patent #	08/300484							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED							
<input checked="" type="checkbox"/> Filing		—	—							
<input type="checkbox"/> Amendment			\$							
<input type="checkbox"/> Extension of Time			\$							
<input type="checkbox"/> Notice of Appeal/Appeal			\$							
<input type="checkbox"/> Petition			\$							
<input type="checkbox"/> Issue			\$							
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/> Maintenance			\$							
<input type="checkbox"/> Assignment			\$							
<input type="checkbox"/> Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 31.00							
		8 TO BE REFUNDED BY:								
		<input type="checkbox"/> Treasury Check								
<input checked="" type="checkbox"/> Overpayment		<input checked="" type="checkbox"/>	Credit Deposit A/C #:							
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table;"><tr><td>1</td><td>2</td><td>—</td><td>2</td><td>4</td><td>7</td><td>5</td></tr></table>		1	2	—	2	4	7	5
1	2	—	2	4	7	5				
10 REASON:										
<input checked="" type="checkbox"/> Overpayment										
<input type="checkbox"/> Duplicate Payment										
No Fee Due (Explanation):										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Marsha Twitty</u>		TITLE: <u>Legal Inst. Ex.</u>								
SIGNATURE: <u>Marsha Twitty</u>		PHONE: <u>308-1203</u>								
OFFICE: <u>DNAR</u>		***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****								
APPROVED: <u>Freda Coxnelly</u>		DATE: <u>12/14/94</u>								

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B

**PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 1992

Application or Docket Number.

08/300484

CLAIMS AS FILED - PART I					SMALL ENTITY	OTHER THAN SMALL ENTITY			
		(Column 1)	(Column 2)			OR	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA					
BASIC FEE							\$355.00		
TOTAL CLAIMS		38	minus 20 =	* 18		x\$11=	198.00		
INDEPENDENT CLAIMS		2	minus 3 =	* 0		x 37=	—		
MULTIPLE DEPENDENT CLAIM PRESENT <i>Improper claims</i>						+115=	—		
						TOTAL	553.00		
<small>* If the difference in column 1 is less than zero, enter "0" in column 2</small>									
CLAIMS AS AMENDED - PART II					SMALL ENTITY	OTHER THAN SMALL ENTITY			
		(Column 1)	(Column 2)	(Column 3)			OR	RATE	ADDITIONAL FEE
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total	*	Minus	**	=	x\$11=		x\$22=	
	Independent	*	Minus	***	=	x 37=		x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=	TOTAL	+ 230=		
					ADDIT. FEE	TOTAL	ADDIT. FEE		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total	*	Minus	**	=	x\$11=		x\$22=	
	Independent	*	Minus	***	=	x 37=		x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ 115=	TOTAL	+ 230=		
					ADDIT. FEE	TOTAL	ADDIT. FEE		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA				
	Total	*	Minus	**	=	x\$11=		x\$22=	
	Independent	*	Minus	***	=	x 37=		x 74=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+115=	TOTAL	+230=		
					ADDIT. FEE	TOTAL	ADDIT. FEE		
<small>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</small> <small>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE</small> <small>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".</small> <small>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</small>									

